Disclosure Report Cover

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					☐ Yes ☐ No		
					165 110		

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number o. Mailing Address (include City, State and Zip Code) 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full. 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one cate Candidate Campaign Party Municipal State/County Referendum PAC ☐ Referendum Organizational Organizational Organizational Independent Expenditure I Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary First Final Pre-election Supplemental Final Second 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that have been trained by the NC State Board of Elections. Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detai	iled	Summar	·y

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mor		3. ID Number
DANITA BAILEY SARTINFORCE GET	۲,	nal	556005
Start of Election Cycle: January 1, 2014	, , , ,	Total this	Total this
4) Cash on Hand at Start	•	Reporting Perio	
RECEIPTS		1 11 1.00	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	 \$
6) Contributions from Individuals	(CRO-1210)	\$3102.0	1 \$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			数据 10.14 x 200 x
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 31020	(\$
<u>EXPENDITURES</u>	一点压力	年表。27年子 As	STATE OF
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 923.0	0 \$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$441.00	\$
17) In-Kind Contributions	(CRO-1510)	\$ 2852.01	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 4216.01	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ - 0 -	\$
ADDITIONAL INFORMATION	J. L. A. S. S. S. S. S.	网络	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	A STATE OF THE STA
24) Account Transfers Within the Committee	(CRO-1720)	\$	作性的例如:"他
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals Use this form to report individual contributions over \$50 or or	Pg Of Pg Yes No					
1. Committee Full Name (and Fund if applicable)		2. ID Number				
DANITA BAILEY SARTINTOR Clei						
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Remove b. Job Title/Profession	Licenses				
(include city, state, & zip)	b. Job Title/Profession	d. Comments				
Pichaped D Bostin						
Richard D. Bostic 2408 Westworthst: Raliegh, NC 27612	c. Employer's Name/Specific Field					
Kaligh, NC 27612		e. Election Sum to Date				
3 ,		\$ 50.00				
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/yyy	y) k. Amount				
□ Check	4/28/14	\$ 50.00				
	, ,	\$				
		\$				
3. Contributor Information	Add Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)						
Carl M. RAMBEY, JR. 223 Rollins Rd. Forest City, NC 28043	c. Employer's Name/Specific Field					
223 Rollins Rd.						
FOREST CITYINC 28043		e. Election Sum to Date				
		s 100.00				
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	j. Date (mm/dd/yyy	yy) k. Amount				
- Check	5/21/14	+ \$ 100.00				
		\$				
		\$				
3. Contributor Information	Add Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)	-					
MARTHA MORRIS Estes POBOX 1703	c. Employer's Name/Specific Field					
TO 001 1703		e. Election Sum to Date				
Forest City, NC 28043		s 100.00				
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/yyy					
		\$100.00				
		\$				
		\$				
4. Total only this Page		\$ 250.00				
5. Total of ALL CRO-1210 Pages		\$ 3100 01				
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

	ridutions fr	om Individual	ls	Pg	of G	Amendment Yes No		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
1. Committee Full Name (and Fund if applicable) 2. ID Number								
DA	nita ba	iley SARti	Ntop (Clerk	of Court	55600J		
-00000000-V000000-00-	tributor Informa				move			
220000000000000000000000000000000000000	ame, Mailing Addre	ss & Phone		b. Job Title/Profe	ssion	d. Comments		
	le city, state, & zip)	ا ، بلد ه	3800 101					
134	4 DOC	aetin Wisema	N Rd.	c. Employer's Nar	ne/Specific Field			
		DORO, NC				e. Election Sum to Date		
					•	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount		
		C. CARd	SAVA	3E	4/21/14	4 \$ 27,22		
		C.CARd	<u> </u>		4/29/14	1 869.48		
		C.CARd	le		4/29/1	4 \$ 129.16		
CHARLESCOOL	tributor Informa		-8596 E		nove			
The second secon	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments		
	le city, state, & zip)	Dail C	2012					
UH	hith a	BA; ley Si	HUTN	c. Employer's Nar	ne/Specific Field			
		1				77 7 7 1 7		
						e. Election Sum to Date		
	T					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount		
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		C.CARd	SigN F	nge_	4/29/1	4 ⁵ 91.94- 5 869.48		
		11 11	<u>ک</u> زهای ۱ ۱۱		4 29/1	\$ 91.94 \$ 869.48 \$ 308.26		
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3. Cont	ame, Mailing Addre	tt tt	10	Add Rer	move	\$ 869.48 \$ 309.26 d. Comments		
3. Cont	ame, Mailing Addres le city, state, & zip) -N. +A I	tion ss & Phone BAILEYS	10	Add Rer b. Job Title/Profes c. Employer's Nan	move	\$ 869.48 \$ 308.26 d. Comments e. Election Sum to Date \$		
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3. Cont a. Full Na (includ	ame, Mailing Addres le city, state, & zip) -N. +A I	tion ss & Phone BAILEYS	Sovet: N	Add Rer b. Job Title/Profes c. Employer's Nan	move ssion ne/Specific Field	\$ 869.48 \$ 309.26 d. Comments e. Election Sum to Date \$ y) k. Amount		
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3. Cont a. Full Na (includ Di)	ame, Mailing Addres le city, state, & zip) -N. +A I	h. Form of Payment C. CARA 11 11	Sovet: N	Add Rer b. Job Title/Profes c. Employer's Nan	move ssion ne/Specific Field	\$ 869.48 \$ 308.26 d. Comments e. Election Sum to Date \$ y) k. Amount \$ 338.70 \$ 217.77		
3. Cont a. Full Na (includ D) f. Prior d. Tota 5. Tota	g. Account Code al only this Pa	h. Form of Payment C. CARA 11 11	i. In-Kind Descrip	Add Rer b. Job Title/Profes c. Employer's Nan	move ssion ne/Specific Field	\$ 869.48 \$ 308.26 d. Comments e. Election Sum to Date \$ y) k. Amount 4 \$ 338.70 \$ 217.77 \$		

Disbursements	D 2.4	Amendment
Use this form to report expenditures from the committee for	Pg of	Yes No
committees and coordinated party expenditures	operating expenses, contributions to	candidate/pointcai
1. Committee Full Name (and Fund if applicable)	14 (1982)	ID Number
DANITA BAILEUSARINFOR (Clerk of Gurt	/ X
	10 forms for each type of Disbursem	53600
Operating Expenses Contributions to Candidates/Pol	The state of the s	Party Expenditures
4. Payee Information	Add Remove	Party Expenditures
a. Full Name, Mailing Address & Phone	THE REPORT OF THE PERSON OF TH	Comments
(include city, state, & zip)		
Daily Couriez	c. Level Registered (Specify)	
	Federal County:	
	State Municipality: e.	Election Sum to Date
	\$	725.00
f. Account Code g. Form of Payment h. Purpose Code i. Date	(mm/dd/yyyy) J. Amount k. Requ	ired Remarks
	\$	
	\$	
4. Payee Information	I Add □ Remove	
a. Full Name, Mailing Address & Phone	The state of the s	Comments
(include city, state, & zip)	S. Stortunated Committee Name (s.	Comments
$\mathcal{L}_{\mathcal{L}}$	c. Level Registered (Specify)	198.00
Kutherford WEEKly	☐ Federal ☐ County:	
Marin Stolet WEERING	☐ State ☐ Municipality: e. F	lection Sum to Date
· \	\$. 148
f. Account Code g. Form of Payment h. Purpose Code i. Date	(mm/dd/yyyy) J. Amount k. Requi	red Remarks
	\$	
	s	
All Short and the Control of the Con		
4. Payee Information a. Full Name, Mailing Address & Phone	Add Remove	以《新疆的教授》
(include city, state, & zip)	b. Coordinated Committee Name d. C	Comments
(include city, state, to 2p)	•	1
	c. Level Registered (Specify)	1
	Federal County:	
	State Municipality: e. E	lection Sum to Date
	\$	
Account Code g. Form of Payment h. Purpose Code f. Date	(mm/dd/yyyy)], Amount k. Requir	ed Remarks
	\$	A CONTRACTOR OF THE PARTY OF TH
		
	\$	
5. Total only this Page	Additional services of the State of the Stat	923.00
. Total of ALL CRO-1310 Pages	· · · · · · · · · · · · · · · · · · ·	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Ope		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Con	strib to Candidates/Political Comm)	923.00
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coo		183.00
Purpose Codes (List detailed expenditure code in (h.) *- Media B*- Printing C*- F		
	The state of the s	的是一个方式是一个
	undraising D - To Another	
C - Salaries F* - Equipment G - Po	undraising D - To Another (litical Party H* - Holding Pt	ıblic Office Expenses
C - Salaries F* - Equipment G - Po	undraising D - To Another (litical Party H* - Holding Pt	

In-Kind Contributions	Ps	.)		.		Amendment Yes	□ No
Use this form to report non-monetary contributions, donations, goo	ds or services pro	vided t	o the c	ommi	ttee c	L A CO	
Use CRO-1215 if In-Kind Contributions were or will be refu		ıys.	1 2 50 55	Ve to	12.1	ID Nameh and	**********
1. Committee Full Name (and Fund if applicable)	<u> </u>	0	2	Hard-Fu	1	ID Number	
DANITA DAILEY SARTIN FOR	JERKO	4	<u>ou</u>	21		556	000
3. Contributor Information a. Full Name, Mailing Address & Phone	b. Type of Contri	move			_	Comments	S - # 3-4 .
(include city, state, & zip)	Individual	ioutor			1.0	omments	
DANITH BAILEY SHETIN	Candidate						
Dillot (W Dille Silati	Party PAC						
	Referendum				d. E	lection Sum t	o Date
	Other Receip	t Source	e		\$		
e. Description		f. Dat	e (mm/	/dd/yy	yy)	g. Fair Marl	et Amount
Shalibe		4	h.1	14	_	\$ 2	122
- grage		101				\$ 011	3 10
		191	29	19	_	300	7.48
10		4	29	1	4	\$ 12	9.16
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Re	move	存時候			新聞 28 2 2 3	Ty /
(include city, state, & zip)	Individual	Dutor		1	c. C	omments	
DAN: TA BA: leg SARTIN	Candidate						
DAN. THE STATES	Party PAC						
	Referendum				d. E	lection Sum t	o Date
	Other Receip	t Source	•		\$		
e. Description	14 202	f. Dat	e (mm/	dd/yy	yy)	g. Fair Mark	et Amount
SION ACE		4	29	11.	4	\$ 9	9.4
3,, 3		4	1/29	1/10	1	\$ 86	9.48
()		4	29	110	L	\$ 30	8.26
3. Contributor Information	Add Re	The second second	70	Trans.		MINISTRALLY	Marian Risa
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	-14-		c. C	omments	Sand Assessed
(include city, state, & zip)	Individual Candidate						
DANITH Builey SARtin	Party						
	PAC Referendum				d. El	lection Sum to	Date.
	Other Receip	t Source	:		\$		
e. Description		f. Dat	e (mm/	dd/vv	1	g. Fair Mark	et Amount
Signace		_	The	.رروس مرا	رور ب	\$ 32	2 Za
Garage S do Sc		Η.	129	$\frac{q_1}{q_1}$	_	\$, , , , , , , , , , , , , , , , , , ,
		-	H29 (4	4_	\$ 217	L. ++
4. Total only this Page	and the street start out	EMARKELL'S	13.55		\$		
5. Total of ALL CRO-1510 Pages		ELLOW ELLOW		ide 7			
Joe Lotal Of The Choristo Lagos with the life of the l	有工厂产业费车公司 进行中心的企业总	0497593657	ON LINES STATE	建建建的物理	2	285	-1 A I

Refunds/Reimbursements From the Con Use this form to report refunds/reimbursements, including co		of Amendment of Yes No ne contributor.
1. Committee Full Name (and Fund if applicable)		2. ID Number
David Purk () 1 1/2 0	enk of Con	-H 5.VOO.T
3. Payee Information	Add Remove	21 12 04 = 2
a. Full Name, Mailing Address & Phone	d. Type of Committee	h. Original Receipt Date
(include city, state, & zip)	Candidate PA	-
- 1 - 0 (Referendum Par	
DAN: TA SAily SHETIN		i. Original Receipt Amount inty: spicipality:
	f. Purpose Code	j. Election Sum to Date
	•	\$
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments	k. Account Code
I. Form of Payment m. Required Remarks	n. Date (mm/dd/yyyy) o. Amount
To Close Account	+	\$ 441.00
3. Payee Information	Add Remove	1 (1100
a. Full Name, Mailing Address & Phone	d. Type of Committee	h. Original Receipt Date
(include city, state, & zip)	Candidate PAG	
(тения ст., зап., т. вър)	Referendum Part	
	e. Level Registered	i. Original Receipt Amount
		inty: S
		nicipality: 5
	f. Purpose Code	j. Election Sum to Date
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b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments	k. Account Code
	B. 03	
l. Form of Payment m. Required Remarks	n. Date (mm/dd/yyyy) o. Amount
		\$
3. Payee Information	Add Remove	
a. Full Name, Mailing Address & Phone	d. Type of Committee	h. Original Receipt Date
(include city, state, & zip)	Candidate PAC	
	Referendum Part	
	e. Level Registered Federal Cou	i. Original Receipt Amount
		inty: \$
	f. Purpose Code	j. Election Sum to Date
	N. a. P. V	
		\$
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments	k. Account Code
The state of the s		Tongonia.
l. Form of Payment m. Required Remarks	n. Date (mm/dd/yyyy) o. Amount \$
4. Total only this Page		\$
5. Total of ALL CRO-1320 Pages		\$ 441 00
(This line must be on line 16 of Detailed Summary Page CRO-1100)	* 441.00	
6. Purpose Codes (List detailed disbursement code in (f) about L - Returned to Contributor M - Overpayment for P* - Reimbursement of In-Kind O* Other		I - Exceeded Contribution Limit